



SINCE THE CORONAVIRUS PANDEMIC, OUR RESPONSIBILITIES AS WOMEN MULTIPLIED. WE ARE THE ONES WHO TAKE CARE OF OTHERS WHEN THINGS GO BAD.

— MIRA, a Syrian refugee living in Jordan

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UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

In March 2021, the Syria crisis passed the ten-year mark, with the situation worse than it has been in years.

The crisis region, which spans the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, continues to face a multitude of challenges, particularly in light of the recurrent waves of COVID-19 infections that continue to exacerbate existing challenges. A decade into this protracted crisis, people in need continue to endure the cumulative effects of years of instability, the risks of which are even higher due to the impacts of a far-reaching economic crisis.

The Regional Situation Report for the Syria Crisis offers a bird's eye view of UNFPA's operations within the context of the Syria Crisis. The report is prepared by the UNFPA Regional Syria Response Hub in Amman, Jordan, and spans operations conducted by UNFPA offices in Turkey, Lebanon, Jordan, Iraq, and Egypt, in addition to operations conducted inside Syria and managed from cross-border Turkey. In addition to providing aggregated quantitative results for each country involved in UNFPA's regional Syria response, this report also brings stories from the field that highlight the plight of communities inside Syria and in host countries, in addition to underscoring the positive impact of the response services provided by UNFPA in the areas of sexual and reproductive health, gender-based violence, youth, and others.

As of February 2020, the report also covers UNFPA's efforts to ensure continuity of operations throughout the Syria crisis region during the COVID-19 pandemic.



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MARCH 1-31 2021

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All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Arab States Regional Response Hub (The Hub). Moreover, unless otherwise stated, photos do not directly correlate to the stories next to which they appear. Real names of survivors have been changed for confidentiality.

UNFPA'S MISSION

THE UNITED NATIONS SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS AGENCY

The core mission of the United Nations Population Fund (UNFPA) is to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. UNFPA calls for the realization of sexual and reproductive rights for all, and supports access to a wide range of services, including voluntary family planning, maternal healthcare, and comprehensive education on sexuality.

Since the crisis in Syria erupted in 2011, UNFPA has worked consistently to ensure that every woman and girl in need has the right to access to affordable sexual and reproductive healthcare (SRH) and be effectively protected from gender-based violence (GBV). UNFPA and its partners are scaling up efforts to empower and improve the lives of Syrian women, youth, and impacted communities inside Syria and in host countries by advocating for human rights and gender equality to better equip individuals and communities to cope with the far-reaching ramifications of this protracted crisis.

These efforts continue in 2021 as communities withstand the impact of the COVID-19 pandemic, which has presented an array of unprecedented challenges, including consistently changing priorities and severe restrictions on movement. UNFPA continues to mobilize its resources and expertise to maintain the availability of quality SRH and GBV services to people in need in the region.

**BEFORE LONG, YOU REALLY START
TO THINK THIS IS WHAT MARRIAGE IS
SUPPOSED TO BE; THAT YOU HAVE NO
VOICE AND THAT YOU WILL SUFFER
CONSEQUENCES IF YOU OBJECT.**

— *DIYA, a survivor of sexual violence from Rural Damascus, Syria*

WHAT'S NEXT?

CURRENT AND UPCOMING EVENTS AND DEVELOPMENTS TO WATCH OUT FOR.



Upcoming Knowledge Series Podcast: *Beyond Numbers*

The UNFPA Arab States Office recently launched the latest product in the UNFPA Knowledge Series, titled [Beyond Numbers: Improving the Gathering of GBV Data to Inform Humanitarian Responses](#).

The guide was designed for gender-based violence coordinators or specialists who need to gather information on gender-based violence, particularly through the use of qualitative data. The data gathered can be fed into humanitarian needs overviews (HNOs), which in turn can inform the whole humanitarian response, be it protracted or acute. Most importantly, this guide can help in the development of products that serve to amplify the voices of women and girls and ensure that these voices directly inform the programmes that are designed to serve them.

It is widely acknowledged that prevalence data is not necessary for establishing effective gender-based violence responses. As such, this guide aims to inform gender-based violence (GBV) responders, GBV coordinators, and humanitarian actors on how to collect GBV data safely to inform humanitarian responses, especially in contexts where available information on GBV is limited.

UNFPA will soon publish a podcast that provides an overview of the guide, the work and experiences that informed it, and the ways in which partners, donors, and other GBV actors can leverage the knowledge it contains. The podcast will feature essential background information on the various stages of performing qualitative GBV research in humanitarian settings, in addition to a variety of perspectives, lessons learned, and recommendations.

Upcoming Knowledge Series Product: *Transcending Norms*

Women and girls safe spaces (safe spaces) are formal or informal places where women and girls feel physically and emotionally safe. The term 'safe' in this context refers to the absence of trauma, excessive stress, violence (or fear thereof), or abuse. It is a space where women and girls, being the intended beneficiaries, feel comfortable and enjoy the freedom to express themselves without the fear of judgment or harm.

These spaces, often among a few limited lifelines available to those in need, provide women and girls with the opportunity to heal, socialise, and rebuild their community networks, in addition to receiving social support, cultivating life skills, accessing safe gender-based violence responses, among many other vital services.

Still, gaps remain with regards to ensuring that safe spaces are gender transformative to the services and activities offered, as identified in the last [Regional Impact Assessment](#) of the Syria crisis. In particular, the aspects related to the empowerment of women and girls through vocational trainings, skill-building, and livelihood activities often reiterate stereotyped gender norms, which is an area where improvements will have lasting benefits on both individual and community scales.

To that end, the UNFPA Regional Syria Response Hub (The Syria Hub) aims to develop a guide to help UNFPA programmes and organizations managing safe spaces ensure that all empowerment and vocational activities are transformational and do not perpetuate traditional (and harmful) social norms. To be published under the heading of *Transcending Norms*, the Syria Hub intends to liaise with UNFPA country offices throughout the region to ensure full ownership on the development and finalization of the product.

In Her Words: Stories by Adolescent Girls in the Arab States

In Her Words is a pilot initiative that aims to support adolescent girls living in humanitarian settings to communicate their voices in as accurate and unadulterated manner as possible, and to gauge their worldviews on key subjects and issues that impact their daily lives. Building on the resilience-focused approach adopted in UNFPA's *Unbroken*, this initiative aims to underscore the depth, strength, and potential of adolescent girls, even in the midst of turmoil and especially during the COVID-19 pandemic.

Adolescent girls may face a broad range of challenges when it comes to expressing their thoughts and feelings, particularly in the Arab States region. Social restrictions on freedoms of speech (particularly on that of women and girls), taboos related to gender and sexuality, gender discriminations and inequalities, and a multitude of other factors cultivate an environment that is not conducive to individual self-expression. In humanitarian settings, these challenges are exacerbated by the impact of conflict and displacement, likely creating additional risks of gender-based violence, including forced and child marriage, which further complicates the difficulties that adolescent girls face when verbalising their often deep and insightful thoughts about various topics that impact them.

In Her Words is an attempt to help bring the voices of adolescent girls to the fore. This will be achieved by featuring narratives written by girls themselves, in their own words, as part of an extended mentorship programme that guides them along the process. All of the participating girls have witnessed conflict, displacement, and unimaginable violence, and yet all continue to defy their challenges by demonstrating an unyielding resilience that allows them rise above their challenges to reach their potential.

In addition to amplifying the voices of adolescent girls, the objective of this initiative is to accompany girls in an empowering journey to better explore and understand their thought processes, feelings and experiences in relation to their lives as adolescent girls in a humanitarian context. The project serves as a safe and open platform for them to narrate their stories as creatively as uninhibitedly as possible, using words, drawings, journaling, photos, voice recordings, videos, and others.

Eventually, all products developed through this initiative will find their way back to the adolescent girls themselves in order to foster a dialogue and showcase the universality of the issues impacting them across the region.

SITUATION OVERVIEW

THE PROTRACTED CRISIS IN SYRIA HAS CREATED ONE OF THE MOST DIRE HUMANITARIAN SITUATIONS IN RECENT HISTORY.

UNFPA is gravely concerned about the worsening situation in Syria, which marked a decade of crisis on March 16, 2021.

Ten years on, the crisis in Syria is worse than it has been in years. Protracted instability and disruptions in community networks, a worsening economic crisis, and the COVID-19 pandemic have converged to create an unprecedented situation, further placing the lives, dignity, and fundamental freedoms of Syrians at risk. An estimated 13.7 million people remain in need inside Syria, while more than 11.7 million people – half of the Syrian population – remains internally displaced or are living as refugees in host communities throughout the region.

UNFPA has **appealed** for a total of \$132.1 million to fund its regional response. UNFPA has also issued this **factsheet** to highlight the needs in 2021.



13.4 MILLION
ESTIMATED IN NEED IN SYRIA



3.6 MILLION
WOMEN AND GIRLS OF
REPRODUCTIVE AGE IN
NEED IN SYRIA



11.7 MILLION
INTERNALLY DISPLACED OR
LIVING AS REFUGEES
IN THE REGION



500,000
ESTIMATED PREGNANT WOMEN
AND GIRLS IN THE REGION

General Overview

In 2021, Syria faces an unprecedented crisis. Years of instability, a worsening economic situation, donor fatigue, and the COVID-19 pandemic have converged to place lives at risk, with women and girls continuing to bear the brunt of these challenges. With no political solution to the crisis in sight, the situation is a stark reminder that the international community must continue to support the needs with innovative programmes.

Even before COVID-19, the combination of years of geopolitical unrest, severe economic collapse, and the disintegration of social and protection networks had rendered the challenges substantial and the needs high. COVID-19 has directly and disproportionately jeopardized women's social and economic capabilities globally and it is not different in the Syria crisis region. Meanwhile, the rapidly worsening economic crisis has exacerbated many of the risks faced by individuals, families, and communities.

The World Food Programme (WFP) reports that a record 12.4 million people – 60 percent of the Syrian population – are now food insecure, according to the results of the nationwide food security assessment conducted in late 2020. This is by far the highest number ever recorded and will contribute further to the risks of gender-based violence and harmful practices, such as child marriage and sexual exploitation, as families struggle to meet their basic needs. It is estimated that – among those in need – close to 7 million are women and girls of reproductive age and close to half a million are pregnant, requiring access to quality SRH services.

Gender-based violence continues to pervade the lives of women and girls caught in this crisis. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as online harassment and sextortion, have also been observed in recent years.

Among women and girls, adolescent girls face a wide range of unique challenges that usually accompany them throughout their lives. It begins with restrictions on movement and domestic violence, and progresses as the girl grows to include child and serial marriage, domestic violence, early pregnancy, sexual violence, and sexual exploitation, among others. Adolescent girls are being denied their education and growth opportunities, which further limits their life prospects and can entrap them in an unending cycle of violence and exploitation.

In northwestern governorates of Syria, the situation continues to be severe, with ongoing hostilities causing mass displacements and disruptions in community networks and services. Access to protection services remains extremely limited, particularly as more people take refuge in informal settlements. Operations implemented cross-border via Turkey remain the only available means of delivering aid to those in need.

Even in these circumstances, UNFPA believes that every Syrian woman, adolescent girl, and child has the right to sexual and reproductive health and protection from gender-based violence.

UNFPA is continuing to tailor its programmes to meet the emerging needs of Syrian and host communities throughout the region. In 2021, UNFPA will continue to pilot cash and voucher assistance where possible to help ensure that no one is left behind, particularly among women and girls, and is working with local partners and authorities including women's networks, health clinics, health workers, and GBV case managers. In Jordan, UNFPA is piloting cash in GBV case management, and in Egypt, UNFPA is complementing UNHCR's cash assistance to refugees by expanding coverage to include women and older girls at risk and survivors of GBV. In Syria, responding to women's feedback that they needed hygiene and baby items in addition to food, particularly during the COVID-19 pandemic, UNFPA is "piggybacking" on WFP's existing voucher scheme by broadening the scope of the services.

UNFPA operations in Syria are run from the Syria Country Office, as well as from the UNFPA hub in Gaziantep, Turkey for cross-border operations. While the COVID-19 pandemic has significantly impacted UNFPA's operations in the field, efforts are ongoing to ensure that critical services are being delivered to people in need throughout the region.

COVID-19 Updates

As of March 31, 2021, the Syria crisis region, which encompasses the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, recorded a total of 5,469,132 cases of COVID-19, as outlined by the figure below.

On the relatively low number of confirmed cases in Syria, it is worth noting that the capacity for testing throughout the country remains extremely limited. Moreover, the steadily rising number of infections clearly shows that the epidemiological situation in the country has rapidly evolved and remains extremely volatile. According to the Syrian Ministry of Health (MoH), infections among healthcare workers in Syria continue to rise and humanitarian actors continue to receive reports that healthcare workers in some areas do not have sufficient personal protective equipment (PPE).

Meanwhile, the pandemic continues to exacerbate an ongoing economic crisis that has substantially increased humanitarian needs. An inter-agency socio-economic impact assessment of COVID-19 noted a major economic downturn and significant social impacts, amplified by the ongoing financial crisis in Lebanon. An estimated 200,000 - 300,000 jobs were permanently lost, while the informal sector and businesses have been heavily impacted, with 15 percent of small and medium sized businesses reporting permanent closure.

Throughout the region, curfews, lockdowns, and movement restrictions continue to present challenges to response operations. Turkey, for example, has been under fluctuating social distancing and movement restriction requirements since the onset of the pandemic, with some regions faring better than others. Jordan also saw a marked increase in the number of daily reported cases in January, triggering a resumption of certain restrictions, including Friday lockdowns and nightly curfews. Meanwhile, despite a continuing rise in infections across Iraq and the Kurdistan region, both governments have maintained a reserved approach towards the restrictions previously imposed. The pandemic also continues to have an impact on operations in Egypt, despite the general slowdown in reported case-loads in recent months.

TOTAL CONFIRMED CASES	SYRIA	TURKEY	LEBANON
	18,909	3,317,182	468,400
	JORDAN	IRAQ	EGYPT
As at February 28, 2021	611,577	850,924	202,131

**AFTER EVERYTHING
WE HAD EXPERIENCED
BECAUSE WE WERE
DIVORCED, WE REALLY
NEEDED TO FIND A SAFE
SPACE LIKE THIS TO HEAL
AND SLOWLY BUILD A LIFE.**

– YARA, a Syrian refugee living in Iraq

FROM ALL OPERATIONS

OPERATIONS IMPLEMENTED THROUGHOUT THE REGION, INCLUDING THE WHOLE OF SYRIA, TURKEY, LEBANON, JORDAN, IRAQ, AND EGYPT.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	365,184	97%
Family planning consultations	100,671	99%
Normal and assisted vaginal deliveries	9,553	100%
C-Sections	4,534	100%
Ante-natal care consultations	149,890	100%
Post-natal care consultations	34,867	100%
People trained on SRH-related topics	669	88%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	162,037	85%
People reached with dignity kits	41,519	81%
People provided with GBV case management	7,453	98%
People reached with GBV awareness messages	203,498	91%
People trained on GBV-related topics	1,029	69%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	14,149	53%
People trained on youth-related topics	110	53%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	86,430	99%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	4,433	85%
Adolescent girls reached	60,871	100%
LGBTQI+ individuals reached	1,612	47%

AS THE CRISIS WORSENS, WOMEN AND GIRLS CONTINUE TO PAY THE PRICE.

The conflict in Syria has created one of the most severe and protracted humanitarian crises in the world today. Millions have been displaced both inside the country and outside as refugees, especially in Turkey, Lebanon, Jordan, Iraq, and Egypt. The crisis has permanently altered the fabric of society in the country, with far-reaching ramifications for its future resilience.

Assessments and interviews conducted by UNFPA since 2016 have also been able to illustrate the profound effect that years of instability have had on women and girls, particularly adolescent girls, who face a variety of unique risks. Lack of individual autonomy, movement restrictions, forced and early marriage, denial of resources and opportunities, and sexual and physical violence continue to be part of their daily reality, creating a web of violence that can transcend generations. Despite testing their limits, however, the crisis has also revealed their remarkable resilience, with many rising above their challenges to become artists, activists, innovators, and other influential voices in their communities.

SINCE JANUARY % FEMALE



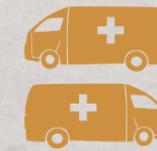
111
PRIMARY HEALTHCARE FACILITIES*



99
WOMEN AND GIRLS SAFE SPACES



11
YOUTH CENTRES



106
MOBILE CLINICS



33
EMERGENCY OBSTETRIC CARE FACILITIES



60,871
ADOLESCENT GIRLS REACHED



4,433
PEOPLE WITH DISABILITIES REACHED



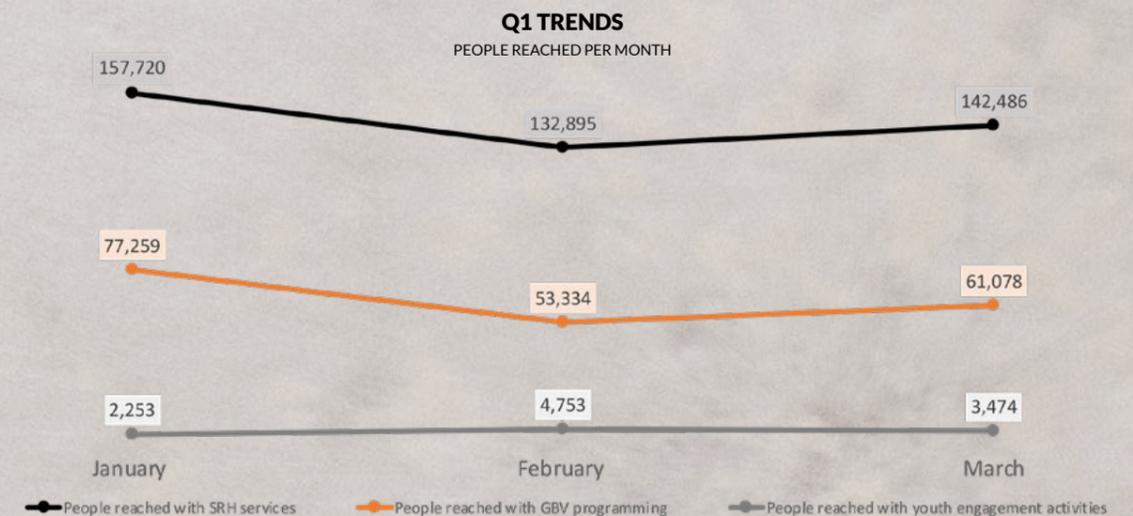
1,612
LGBTQI+ INDIVIDUALS REACHED



86,430
PEOPLE REACHED WITH CASH AND VOUCHER ASSISTANCE

* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.

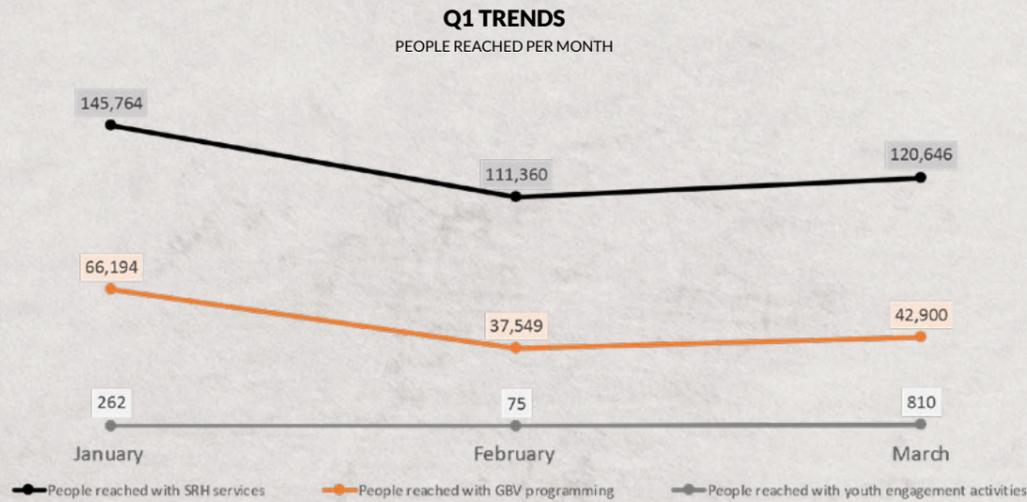
UNFPA's operations in Syria are run from the Syria Country Office, as well as from the UNFPA hub in Gaziantep, Turkey for cross-border operations. While the COVID-19 pandemic has significantly impacted UNFPA's operations in the field, efforts are ongoing to ensure that critical services are being delivered to people in need throughout the region.



ACROSS THE WHOLE OF SYRIA

ENSURING THAT ALL COMMUNITIES INSIDE SYRIA HAVE ACCESS TO LIFE-SAVING ASSISTANCE AND QUALITY SERVICES.

In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations, authorized initially by UN Security Council Resolution (UNSCR) 2165 in 2014. This allowed cross-border humanitarian assistance from Iraq, Jordan, and Turkey. Successive UNSCRs extended and adapted this, eventually reducing to cross-border assistance from Turkey exclusively. The most recent resolution, 2533 on July 10, 2020, extends cross-border aid from Turkey for another year, but reduced to one crossing point only. In addition to the Whole of Syria approach under the Humanitarian Response Plan (HRP), there has been a succession of comprehensive Regional Refugee and Resilience Plans (3RPs) since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Turkey, Lebanon, Jordan, Iraq, and Turkey.



Helping women and girls reclaim their basic human rights

Maha, an adolescent girl from Idlib, shares her story with us:

I am 19-years-old and I have two children with my husband. My life was made even more difficult when my brother-in-law, who we live with, often tried to sexually harass me. I was fearful and ashamed to tell anyone, including my husband.

During one of my regular visits to the gynaecologist, I met a friendly case worker called Reem who assured me that everything I told her would be kept fully confidential. I told her about the harassment and that I had wanted to end my life; that I was staying alive only for the sake of my children. I explained to her how I could neither eat nor sleep and how anxious I had become. Reem helped me develop a safety plan in which I would focus on making sure people were around me so that my brother-in-law could not hurt me.

I also received guidance from a psychologist who helped me manage my stress using different coping strategies. Very soon, I felt less depressed and felt a greater desire to stay alive, both for myself and for the my children.

My case worker linked me to the 'Young Mothers Club' — a part of the AMAL Initiative, where I became part of a group of other adolescent mothers who also faced difficult life situations. My self-confidence has grown stronger through being a part of this group and my communications skills have improved. I even stood up against my brother-in-law



and told him that I would tell my husband if he tried anything again. After that day, he has kept away from me. I am grateful that I have met the right people at the health centre who have given me the help I needed.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	309,259	98%
Family planning consultations	90,018	99%
Normal and assisted vaginal deliveries	8,685	100%
C-Sections	4,391	100%
Ante-natal care consultations	137,112	100%
Post-natal care consultations	33,052	100%
People trained on SRH-related topics	516	93%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	120,040	86%
People reached with dignity kits	18,517	100%
People provided with GBV case management	5,824	99%
People reached with GBV awareness messages	178,710	91%
People trained on GBV-related topics	259	88%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	2,115	40%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	86,384	99%

SOCIAL INCLUSION

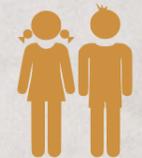
	SINCE JANUARY	% FEMALE
People with disabilities reached	3,419	88%
Adolescent girls reached	50,763	100%



89
PRIMARY HEALTHCARE FACILITIES*



62
WOMEN AND GIRLS SAFE SPACES



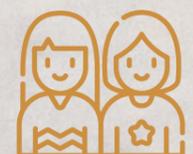
4
YOUTH CENTRES



84
MOBILE CLINICS



32
EMERGENCY OBSTETRIC CARE FACILITIES



50,763
ADOLESCENT GIRLS REACHED

SYRIA COUNTRY OFFICE

DELIVERING EMERGENCY AND LONG-TERM ASSISTANCE TO SYRIAN COMMUNITIES IN NEED THROUGHOUT THE COUNTRY.

As the Syria crisis marks its 10th anniversary, the situation is more dire than it has been in years. The worsening economic situation and the COVID-19 pandemic have converged to place lives at risk, with women and girls continuing to bear the brunt of these crises. With no political solution to the crisis in sight, the situation is a stark reminder that the international community must continue to support the needs.

Even before COVID-19, the combination of years of geopolitical unrest, severe economic collapse, and the disintegration of social and protection networks had rendered the challenges substantial and the needs high. COVID-19 has directly and disproportionately jeopardized women's social and economic capabilities globally and it is no different in the Syria crisis region. The rapidly worsening economic situation has exacerbated many of the risks faced by individuals, families, and communities. Women and girls pay the highest cost of this deterioration. The World Food Programme (WFP) reports that a record 12.4 million people – 60 percent of the Syrian population – are now

food insecure, according to the results of the nationwide food security assessment conducted in late 2020. This is by far the highest number ever recorded, and will contribute further to the risks of gender-based violence and harmful practices, such as child marriage, as families struggle to meet their basic needs. Estimates indicate that, as of early 2021, more than 13.4 million people remain in need within Syria, while more than 5.5 million continue to live as refugees in host communities throughout the region. It is estimated that over 6.1 million remain internally displaced (OCHA). Among those in need, close to 7 million are women and girls of reproductive age and close to half a million are pregnant, requiring access to quality SRH services.

Women and girls suffer the worst impacts of the crisis. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as online harassment and sextortion, have also been observed in recent years.

“I thought I might die”: Pregnant women struggle to access care in Syria

“During the worst of it, I was really scared, not just for myself but for my unborn child,” explains Amal, recalling the harrowing experience of giving birth during the pandemic. “I thought I might die. Even though I had taken all the precautionary measures, it was frightening.”

Amal was in the final month of her pregnancy when she faced one of her life's most difficult journeys. She had come to a UNFPA-supported facility in Homs after learning of the various courses and activities on offer to support women, the prospect of which immediately captured her attention. After visiting the center, she immediately registered for the crochet course.

“As we were taking the course, the COVID-19 pandemic hit and we were forced to stop our workshops,” explains Amal. “We were and still are scared for our well-being, especially as pregnant women, because our immune systems are more vulnerable than others.”

Recently, Amal developed some troubling symptoms. “I was in severe pain over the past month. The pain was not something I was used to, especially when I compared what I was experiencing to my previous pregnancy. I thought I might die.”

Amal soon began to bleed, indicating that there was a more serious issue that could impact her pregnancy and her health. At that point, she was referred to a UNFPA supported clinic on a Friday morning, during which time most facilities are closed due to an ongoing weekend curfew. At the clinic, the medical team on site performed a quick evaluation, concluding that a Caesarean section is necessary. Shortly after her admission, the procedure was performed, and both mother and child are now in good health.



“Despite the lockdown measures in place, an emergency patient came our way and we had to operate,” commented. Dr. Izdihar, the lead physician on site at the time. “Fortunately, all of our medical staff showed up and both the mother and her newborn daughter, Hiyam, are doing well.”

“It was like a miracle,” recalls Amal, the joy visible in her eyes. “I had just given birth to my new baby girl right in the middle of a pandemic, and I was so fortunate that I was able to diagnose the problem in time. I encourage every pregnant woman to follow the preventive measures to protect herself and her children and, if pregnant, to never let any warning signs go unchecked.”

UNFPA is working closely with the Ministry of Health and the World Health Organization to respond to COVID-19 in Syria. UNFPA is working to ensure that pregnant women with suspected, probable, or confirmed COVID-19 infections, including women and girls who may need to be in isolation, have access to woman-centered, dignified and skilled care.

REPRODUCTIVE HEALTH

	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	252,511	99%
Family planning consultations	76,722	98%
Normal and assisted vaginal deliveries	2,537	100%
C-Sections	2,582	100%
Ante-natal care consultations	105,100	100%
Post-natal care consultations	19,068	100%
People trained on SRH-related topics	488	94%

GENDER -BASED VIOLENCE

	SINCE JANUARY	%FEMALE
People reached with GBV programming	70,107	95%
People reached with dignity kits	4,493	100%
People provided with GBV case management	5,169	99%
People reached with GBV awareness messages	146,311	97%
People trained on GBV-related topics	121	98%

YOUTH SERVICES

	SINCE JANUARY	%FEMALE
People reached with youth engagement activities	2,115	40%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	84,471	100%

SOCIAL INCLUSION

	SINCE JANUARY	%FEMALE
People with disabilities reached	2,054	80%
Adolescent girls reached	35,148	100%



76

PRIMARY HEALTHCARE FACILITIES*



47

WOMEN AND GIRLS SAFE SPACES



4

YOUTH CENTRES



82

MOBILE CLINICS



19

EMERGENCY OBSTETRIC CARE FACILITIES



35,148

ADOLESCENT GIRLS REACHED

TURKEY CROSS-BORDER

ENSURING THAT ALL COMMUNITIES INSIDE SYRIA HAVE ACCESS TO QUALITY SEXUAL AND REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE SERVICES.

Hostilities have continued to impact communities across northwest Syria. Daily shelling, intermittent airstrikes, in-fighting between non-state armed groups and the prevalence of explosive hazards in residential areas and public spaces has continued to pose a particular risk to civilians. Overall, the UN Human Rights Office (OHCHR) verified that from 24 February to 23 March, at least 16 civilians have been killed (including one woman and four children) and at least 70 civilians were injured (including four women and six children) as a result of shelling and airstrikes.

On 21 March, airstrikes and bombardment affected the Sarmada area not far from the Bab Al Hawa border crossing with Turkey, which is inhabited by a large number of civilians (particularly IDP camps) and is also a main centre for many NGOs and their warehouses. The airstrikes impacted a logistics centre near the Bab Al-Hawa crossing and two gas facilities. On the same day, missiles impacted a hospital run by an NGO (one of UNFPA's IPs, but not supported facility) in the city of Atareb in the western countryside of Aleppo. The NGO reported that seven patients were killed (including five men and two children) and that 14 people were injured (including medical staff and five women). The hospital, now out of service, had been providing an average of 3,650 out-patient medical services per month, and 177 general, orthopedic, and urologic surgeries each month, along with emergency and obstetrics services.

While further planning for a COVID-19 vaccination rollout has remained ongoing, critical funding gaps have remained in the COVID-19 response, which have disrupted, inter alia, essential health services such as hospitals and primary health centres across northwest Syria. Ongoing prioritization exercises have aimed to maintain the minimum operational activities required to minimize transmission rates. As of 26 March, there were 25 active Community Based Treatment Centres (with 1,111 beds) in northwest Syria along with 12 hospitals that treat COVID-19 (with 234 intensive care unit beds and 926 regular beds).

Programme Update

Further integration of dedicated GBV staff and safe space at SRH service delivery points has continued to provide wide-ranging reach to those in most need in northwest Syria. A number of UNFPA-supported SRH facilities have successfully provided specialized GBV services both within the facility in addition to outreach activities, which have offered case management, psychosocial support and GBV awareness raising. Also, a number of WGSSs have embedded midwife/midwife assistants who have regularly provided family planning counselling and consultations. This integration, which was piloted by UNFPA in 2019, has proven successful in reaching more women and girls with SRH services. Access barriers have been consequently reduced, including for unmarried adolescent girls and women who have struggled with stigma when visiting family planning services at SRH facilities, which are primarily frequented by married women only. To further enhance SRH and GBV integration within the WGSSs, and notably to ensure continued service access during the COVID-19 pandemic, a joint workshop was delivered to 16 partners in northwest Syria by the SRH Technical Working Group and GBV Sub Cluster. Participants also received a presentation on the Clinical

Management of Rape, which was anchored in guidelines developed by the SRH Technical Working Group. GBV and SRH integration has been critical in light of several GBV projects and WGSSs in northwest Syria that have been forced to close due to insufficient funding.

UNFPA's Implementing Partners have continued to carry out activities under the 'Adolescent Mothers Against All Odds (AMAL) initiative, which has been designed to meet the immediate needs of pregnant adolescents and first-time mothers in crisis-affected settings, while simultaneously addressing community awareness and engagement around gender, power and social norms. With the aim to create a more adolescent responsive healthcare system among health providers and communities, AMAL sets out to break down barriers and facilitate adolescent girls' access to SRH. One of UNFPA's IPs has successfully established two new Advisory Adolescents Committees in Idleb and Aleppo. Member volunteers will engage in raising awareness among girls in the community on the importance of completing education; the harmful effects of early marriage; the need to space pregnancies; and how to ensure safe pregnancies.

The distribution of 2,592 dignity kits to women and girls in March has continued to provide an effective entry point to the provision of GBV services including Psychosocial Support, GBV and PSEA awareness raising, and referrals to specialized services. The Syria Cross-border Humanitarian Fund (SCHF) has granted UNFPA 2 million USD to fill a critical gap for dignity kits. The allocation will support critical procurement and allow for urgent repositioning in northwest Syria ahead of the expiration of UNSCR 2533 (2020) in July 2021.

As part of UNFPA's second Individual Protection Assistance (IPA) project, targeting a total of around 3,000 vulnerable persons, 711 persons have received IPA in March. The one-off, unconditional cash assistance also serves, by design, as an effective entry point to provide relevant information on available services in the respective areas, including protection and GBV specialised services.



REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	56,748	91%
Family planning consultations	13,296	100%
Normal and assisted vaginal deliveries	6,148	100%
C-Sections	1,809	100%
Ante-natal care consultations	32,012	100%
Post-natal care consultations	16,764	100%
People trained on SRH-related topics	28	82%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	49,933	73%
People reached with dignity kits	14,024	100%
People provided with GBV case management	655	99%
People reached with GBV awareness messages	32,399	66%
People trained on GBV-related topics	138	79%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	1,913	72%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	1,365	100%
Adolescent girls reached	15,615	100%



13

PRIMARY HEALTHCARE FACILITIES



15

WOMEN AND GIRLS' SAFE SPACES



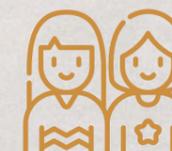
13

EMERGENCY OBSTETRIC CARE FACILITIES



7

MOBILE CLINICS



15,615

ADOLESCENT GIRLS REACHED



1913

PEOPLE REACHED WITH CASH AND VOUCHER ASSISTANCE

TURKEY COUNTRY OFFICE

TURKEY CONTINUES TO PROVIDE MUCH NEEDED ASSISTANCE TO DISPLACED SYRIANS THROUGHOUT THE COUNTRY.

As of March 2021, over 3.2 million cases of COVID-19 had been reported in Turkey, including more than 31,000 fatalities and 3 million recoveries. Partial easing of restrictions began in early March based on a four-tier system that divides provinces into four risk groups: low (blue), medium (yellow), high (orange), and very high (red), all based on infection and vaccination rates. In provinces classified as low, medium, or high risk, public health institutions resumed their regular working hours, preschool and elementary students returned to school as normal, and food and beverage outlets in lodging facilities (hotel, motel, apart hotel, hostel, etc.) began operating for limited hours at 50 percent capacity. Unfortunately, the easing of restrictions inevitably led to an increase in registered COVID-19 cases throughout the country.

According to the preliminary findings of an inter-agency Protection Sector rapid needs assessment (conducted between January and February 2021), refugees continue to face difficulty accessing healthcare services and meeting their basic financial need. The vast majority of those surveyed – 85 percent – reported not being able to cover their monthly expenses, and 48 percent of them are not receiving any type of assistance. Refugees in Turkey are also included in the existing COVID-19 vaccination programme. Those classified as vulnerable (above age 60 or those underlying health conditions) have begun receiving their vaccines.

Humanitarian actors also report concerns that some refugees will not be able to access vaccines due to legal or administrative barriers, such as not living in the province of registration, not having a legal status in Turkey, not being able to make an appointment through e-government system of Turkey, etc.

The life-saving nature of social services during crises

Betül is one of 3.6 million refugees living in Turkey, having fled the war in Syria in 2013. The young woman arrived in the country all by herself and began working to rebuild her life in Bursa.

For a while, it looked like things had taken a turn for the better. Betül met her future husband, got married, and soon found out that she was expecting a daughter. Five months after her birth, Betül's daughter Aydin was diagnosed with spinal muscular atrophy (SMA); a disease that progressively destroys nerve cells and spinal cord that control essential skeletal muscle activity, such as speaking, walking, and even breathing, leading to muscle weakness and atrophy.

"We went to the Migrant Health Centre first and were told that we had to bring her to a hospital in Bursa. We couldn't get an appointment since my daughter did not have an ID card," said Betül. Later, a private hospital admitted them, but they could not afford the fees, which is when their paths crossed with UNFPA's mobile team.

The Inegöl Social Services Centre is one of the 19 centres established in different provinces of Turkey with the financial support of the European Union. These centres provide social services such as protection, legal counselling and psychosocial support to refugees, migrants and the most vulnerable groups.

UNFPA and its partners have continued to provide SRH and GBV services to vulnerable refugee groups through a hybrid modality (namely face-to-face and online platforms). The COVID-19 mitigation measures continued to impact the face-to-face services and activities, including training sessions, monitoring visits, supervision meetings and other activities. In order to minimize the COVID-19 risks, the service providers continued providing services at the service unit premises on an appointment basis (except the emergency cases) and working in shifts, with flexible working hours. The awareness raising and group activities were not resumed at the centre premises but continued to be provided through outreach activities or online platforms.

UNFPA also provided training programmes for 462 staff members working in refugee service units. Trainings focused on health and protection topics, including GBV, child marriage, HIV and AIDS, self-care, among others. Meanwhile, an online MISP Training package consisting of 8 modules was finalized with the first MISP training reaching 58 healthcare service providers, including doctors, nurses, psychologists, and social workers. The training aims to increase the capacity of frontline health workers providing sexual and reproductive health services to refugees and during emergencies.

UNFPA teams first helped Betül issue Aydin's ID card by leveraging the protection services provided by the centre. They accompanied them to hospital with an interpreter to break the language barrier and immediately get her the treatment she needed free of charge. Aydin finally underwent her first procedure, which helped restore her breathing. She was also given medication to help with her recovery.

"My daughter was very well taken care of at the hospital," recalls Betül. "When we had lost all hope, you lent your hand and helped us to get her an ID card. If you had not supported us, my daughter would be dead,"

UNFPA teams are now helping Betül's husband issue his ID card.

SMA treatment is extremely expensive and means having tough times for both the patient and families. Now, Betül's priority is to be able to buy the machine that will help her daughter breathe better and stay healthy.

SSCs provide protection services including information sharing, raising awareness, psychosocial support, legal counselling services, as well as gender-based violence prevention and protection.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	10,885	78%
Family planning consultations	1,157	100%
Ante-natal care consultations	787	100%
Post-natal care consultations	134	100%
People trained on SRH-related topics	130	65%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	18,235	62%
People reached with dignity kits	17,902	56%
People provided with GBV case management	11	100%
People reached with GBV awareness messages	7,034	73%
People trained on GBV-related topics	770	62%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	4,226	91%
People trained on youth-related topics	108	53%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	737	64%
Adolescent girls reached	3,217	100%
LGBTQI+ individuals reached	1,612	47%



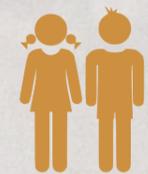
4

PRIMARY HEALTHCARE FACILITIES *



4

WOMEN AND GIRLS' SAFE SPACES



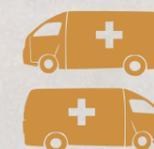
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YOUTH CENTRES



3,217

ADOLESCENT GIRLS REACHED



12

MOBILE CLINICS



39

OTHER SERVICE DELIVERY POINTS

LEBANON COUNTRY OFFICE

DESPITE THE ESCALATING POLITICAL AND ECONOMIC INSTABILITIES IN LEBANON, UNFPA CONTINUES TO PROVIDE LIFE-SAVING SERVICES TO PEOPLE IN NEED.

WITHOUT THIS SAFE SPACE, I WOULD HAVE NOT SURVIVED. IT'S BEEN REALLY LIFE-CHANGING TO BE AROUND SO MANY OTHER WOMEN WHO UNDERSTAND MY STRUGGLES AND OFFER REAL SUPPORT.

– JIHAN, a survivor of forced marriage from Aleppo, Syria

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	342	100%
Normal and assisted vaginal deliveries	76	100%
People trained on SRH-related topics	122	74%

GENDER -BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	1,087	100%
People reached with dignity kits	4,622	100%
People provided with GBV case management	19	100%
People reached with GBV awareness messages	4,304	97%
People trained on GBV-related topics	422	92%

YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	51	92%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	6	50%
Adolescent girls reached	563	100%



2

PRIMARY HEALTHCARE FACILITIES*



2

WOMEN AND GIRLS' SAFE SPACES



563

ADOLESCENT GIRLS REACHED

Programme Update

As of March 1st, and as part of the third phase of a gradual lifting of Lebanon's nationwide lockdown, malls, stores, and factories were permitted to reopen at regulated hours during the week while schools remained conducting online classes. However, other restrictions were still in place, as the nightly curfew remained in effect and citizens were still forbidden from going the submission of permissions through an electronic platform.

Toward the end of the month, significant fluctuation in the currency exchange rate and the political deadlock triggered protests that contributed to increased social unrest. The economic situation and rapidly increasing poverty level continued to expose the most vulnerable to the risk of abuse and exploitation and to generate additional barriers to access services. According to GBV sector partners, women and girls are struggling to pay the transport costs to reach service delivery points and to buy internet services that needed to access remote psychosocial support and counselling became more challenging for women and girls.

During such circumstances, UNFPA partners, in coordination with the Government and in line with inter-agency guidelines, continued providing support through remote modalities of service delivery expect for life saving interventions (such as the provision of life saving medical care or for high risk and urgent GBV cases in need of immediate support). Among the activities conducted remotely, partners continued to raise awareness on COVID-19, reproductive health and women and wellbeing, and facilitate individual and groups mental health and psychosocial support sessions. Activities conducted in person included the deployment of medical mobile unit that provided medical care to persons in need.

UNFPA has continued to advocate to ensure in-person support and services to high-risk cases, even during lockdowns. At the same time, UNFPA has developed tools to help partners provide assistance remotely, including guidelines for remote case management.



JORDAN COUNTRY OFFICE

WITH 1.3 MILLION SYRIANS NATIONWIDE, UNFPA JORDAN CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES AND HOST COMMUNITIES NATIONWIDE.

Programme Update

In support of global efforts to highlight women in leadership and achieve gender equality in the post-COVID-19 world, UNFPA continued to shed light on the stories and achievements of a number of women leaders in Jordan through a number of communications activities, including a video showcasing the stories of six women leaders who are actively working towards realising equality during these challenges times.

Moreover, UNFPA organised three podcast listening sessions with young people and women from refugee and host communities, led by three women leaders from the community. The discussions tackled the content of UNFPA's podcast, "Catch a Harasser," which focused on how sexual harassment affects all aspects of the lives of women and girls, including their participation in decision-making. Lastly, UNFPA invited two women leaders for a TV interview on Jordan's National TV station (Jordan TV) and organised three radio interviews featuring representatives from UNFPA Jordan.

In 2020, UNFPA embarked on developing a policy paper to evaluate the alternatives and solutions for mandatory reporting on domestic violence in Jordan. To that end, a consultation meeting with 40 members of the National Team for Family Protection, Shama'a network, academia and experts, and international stakeholders was conducted, during which the main findings were presented. Recommendations have been drafted as a result of this consultation session and a draft report will be prepared accordingly.

In response to the COVID-19 crisis, UNFPA and its partners launched a new sexual and reproductive health national hotline to fill the gaps in information sharing, counseling, and referral services for SRH clients. During the pilot phase of the project in March 2021, 12 calls were received from women of reproductive age from all over the kingdom.

Meanwhile, UNFPA Jordan continued to support awareness efforts launched by the Jordanian Ministry of Health. In March, UNFPA

supported awareness messages targeting the general population on ensuring the availability, accessibility, and acceptability of quality sexual and reproductive health services during the COVID-19 pandemic. UNFPA will continue to advocate for the rights of women and girls who continue to bear the brunt of this pandemic.

Girls Shine: An Innovative Programme to Empower Adolescent Girls

UNFPA continues to work towards empowering adolescent girls, who not only experience unique challenges but are also often the most overlooked segment when it comes to social programming. During March, UNFPA launched an innovative training programme under the heading of "Girls Shine," which was designed to support adolescent girls as they navigate a safe and healthy transition into adulthood, protected from gender-based violence and nurtured by their caregivers and peers to claim their full rights. Towards the end of the month, 84 young girls completed the 19 sessions of the programme, cultivating life skills that will aid in their long-term development. "We witnessed hard times during COVID-19," explains one participant. "I feel I am gaining my life back through the Girls Shine Program. I am back to communicating with others and plan to continue my education."

Another participant echoed that sentiment: "I used to feel very shy about some topics discussed in the module. I didn't even ask my mother about them. The Girls Shine facilitator presented the topic around puberty in a very easy way and I have learned a lot."

UNFPA also continues to support the only dedicated Youth Centre in Zaatari Camp providing adolescents and youth (aged 12-30 years). The center is closed due to COVID-19 restrictions, however virtual alternatives continue to be supported, including psychosocial support, mentorship program, and healthy lifestyles awareness including SRHR and GBV.



REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	21,094	100%
Family planning consultations	5,846	100%
Normal and assisted vaginal deliveries	294	100%
Ante-natal care consultations	9,331	100%
Post-natal care consultations	1,040	100%
People trained on SRH-related topics	23	91%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	11,224	89%
People provided with GBV case management	719	89%
People reached with GBV awareness messages	5,531	90%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	2,318	67%
People trained on youth-related topics	2	50%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	46	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	138	98%
Adolescent girls reached	3,280	100%



16
PRIMARY HEALTHCARE FACILITIES*



19
WOMEN AND GIRLS SAFE SPACES



1
YOUTH CENTRES



138
PEOPLE WITH DISABILITIES REACHED



1
EMERGENCY OBSTETRIC CARE FACILITIES



3,280
ADOLESCENT GIRLS REACHED



I hope I can find a scholarship to continue my education and find a decent job so I can leave the camp. My advice to all girls is to focus on their education. Education is the most powerful weapon with which a girl can face the world.

— HASNA, a Syrian refugee from Deir Ezzor

Meet Hasna: A passionate Syrian refugee who dreams of becoming a teacher

My name is Hasna. I'm 19-year-old. I have loved teaching since I was in Syria, and now I have completed my high school here in Azraq camp, trying to reach university.

I come from Deir Ezzor, the largest city in eastern Syria. When the conflict started, life became very hard and I had to drop out of school just as I was completing 8th grade. There were many bombings, clashes, and airstrikes to the point that you can't go out and get food for your family. In 2012, we had to leave our house in the city and move to a small village, where we rented a place there.

In 2014, we ran out of money; we had nothing. Also, we knew that our home in the city of Deir Ezzor got destroyed. My father decided that we should go to Jordan in 2015. It took us 24 hours to reach the Jordanian borders. We created a makeshift tent from blankets and stayed at the borders for three and a half months. Finally, we were transferred to Azraq camp, and here we are.

Azraq Camp

I have four sisters and three brothers. We all go to school except for my eldest brother, who is working to support the family. I started visiting the center six years ago. I heard from neighbors that the IRC's women and girls center has a computer lab. At that time, we had no electricity in the camp. I was excited and began learning computer skills here at the center. I also took beauty skills and soap making and sewing courses.

I enjoyed the computer classes the most. I learned a lot about Excel and Word and I made many friends at the center. I took psychosocial support sessions, which helped me overcome what I've been through during the war and during my stay at the borders. I come from a community that believes in early marriage; girls should get married at the age of 15. The team here helped me build my confidence, so I'm aware of the disadvantages and that I should focus on my education.

I love teaching, and I did so even when I was in Syria. Now that I have completed my high school education here at the camp, I have tried to apply for many scholarships, but it didn't work. I'm still trying to become a teacher.

COVID-19 definitely affected my education, as we have one mobile phone that we can use for distance learning, and we're seven students in the same house; each one gets only an hour on the phone. I miss my uncle, he's outside of the camp, and we haven't see him since the start of the pandemic. I miss my grandmother, who is in Damascus. I've not seen her for more than eight years, but I talk to her all the time over Facebook, and she was very proud when she knew about me finishing high school with a high score.

I hope I can find a scholarship to continue my education and find a decent job so I can leave the camp. My advice to all girls is to focus on their education. Education is the most powerful weapon with which a girl can face the world.

IRAQ COUNTRY OFFICE

UNFPA IRAQ CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 316,000 SYRIANS CURRENTLY LIVING AS REFUGEES IN THE COUNTRY.

IN THE END, ALL YOU CAN DO IS ENDURE AND PROTECT THOSE YOU LOVE. I HAD TO MAKE DIFFICULT DECISIONS AND CREATE RIFTS WITH FAMILY MEMBERS TO DO THAT.

– MANAR, a survivor of family violence from Damascus, Syria

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual / reproductive health	22,513	100%
Family planning consultations	3,574	100%
Normal / assisted vaginal deliveries	574	100%
C-Sections	143	100%
Ante-natal care consultations	2,660	100%
Post-natal care consultations	641	100%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	8,721	99%
People reached with dignity kits	478	100%
People provided with GBV case management	236	100%
People reached with GBV awareness messages	7,252	98%

YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	5,490	24%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	139	100%
Adolescent girls reached	3,048	100%



COVID-19 Updates

Almost a year after the first case of COVID-19 was detected in Iraq, the country finds itself struggling to maintain a balance between enforcing necessary restrictions and reviving the economy. Nationwide lockdown measures were extended in late March to curb the spread of the virus – and while infection rates have decreased, people across the country are struggling to make ends meet. As of end of March 2021, there were 856,938 confirmed cases of COVID-19 in Iraq and 14,323 deaths.

To find out how restrictions were affecting access to services and how people felt about the response, Ground Truth Solutions (GTS) partnered with the Iraq Information Centre (IIC) conducted of interviews with 545 returnees, refugees, and IDPs across Anbar, Dahuk, Erbil, Ninewa, Salah al-Din, and Sulaymaniyah. It was found that:

- People are very concerned about meeting their needs, accessing healthcare, and sending their children to school.
- One-third of respondents who consulted a health professional during the pandemic were dissatisfied with the care they received.
- Most people (80%) feel there are no silver linings to COVID-19. They are preoccupied with financial instability and deteriorating mental and physical health.
- Over two-thirds of respondents (69%) are satisfied with the response to the pandemic, but less than half (44%) believe the authorities are equipped to handle future challenges.

Programme Update

While Iraq continues to steadily recover from years of conflict, thousands of vulnerable families across the country remain displaced and in acute need of protection and assistance. As of 31 March 2021, 2414,760 Syrian refugees (61% urban, 39% camp) and 40,875 refugees of other nationalities resided across Iraq, with over 99% of Syrian refugees located in the Kurdistan Region (KR-I).

UNFPA Iraq, in its role as lead agency for GBV Sub-Cluster, continued operational coordination of GBV cluster by organizing monthly meetings, sharing information among partners, and ensuring proper review of cluster achievements on a regular basis. UNFPA Iraq contributed to the development of the 2021 HNO; HRP; Regional Refugee and Resilience Plan (3RP) and led advocacy initiatives to prioritize GBV mainstreaming and GBV risk mitigation in key sectors. UNFPA Iraq also provided technical support to GBV actors in need of specific guidance on different areas of GBV programming. UNFPA Iraq also continues to support the coordination of the GBV IMS as leading agencies ensured that GBV IMS reports are disseminated among key actors.

The person who hurt me must be punished.

"I will never harm myself again, but the person who hurt me must be punished."

Raya, a 7-year-old refugee living in Domiz 1 camp, met an older man and eventually entered into a relationship with him, which lasted several several months. At some point, her family found out about the relationship and urged her to end it, which she did.

He, however, did not take her ending the relationship lightly. He began intimidating and threatening her, even going further and attempting to rape her at a public health facility. Terrified and hesitant to inform her family about his threats and rape attempts, she attempted suicide twice.

After learning of her story, a representative from one of the UNFPA-supported centres for psychosocial support in her area reached out to her to inform her of the services being provided to those who might need the support. After acquiring her and her family's consent, she was provided with psychosocial support, including sessions that were conducted with her family. The centre also coordinated with the authorities to enable her family to press charges against the perpetrator. As a result of taking the required action against him, his threats eventually receded, to Raya's great relief.

Raya has since begun to regain her confidence, now fully aware of where to seek help if she needed it and how to protect herself from similar attempts of exploitation and abuse. She has also decided to return to school and took the initiative to raise awareness amongst her



EGYPT COUNTRY OFFICE

UNFPA EGYPT CONTINUES TO PROVIDE ASSISTANCE TO SYRIAN REFUGEES IN THE COUNTRY.



10

WOMEN AND GIRLS'
SAFE SPACES

Egypt remains one of the countries most impacted by COVID-19 in the region, with close to 165,951 cases reported by end of January. The restrictions on movement placed during the early months of the pandemic have since eased, but the epidemiological status of the country remains unpredictable. These measures had forced extended though temporary disruptions in various facilities supported by UNFPA, including women and girls' safe spaces.

During March, UNFPA supported safe spaces continued to offer awareness-raising and case management services for GBV survivors, with a focus on women and girls. UNFPA has invested in discussing and developing sustainability mechanisms with its implementing partners on the ground (CARE, Etijah and the Ministry of Youth and Sports) to make sure that safe spaces continue to operate beyond the programmatic cycle. While COVID-19, social distancing, and lockdowns have affected the ability of safe spaces to offer physical meetings, training programs and interactive social activities for community members, UNFPA and its implementing partners have opted for digital learning tools, developing online activities for young people while continuing to offer case management services in person.

UNFPA Egypt will continue to support primary, secondary, and tertiary healthcare, including reproductive health and family planning services, for Syrian refugees and the Egyptian host community through equal and non-discriminatory access. In 2021, despite continuing challenges of COVID-19 and related concerns, secondary and tertiary healthcare for Syrian refugees, particularly pregnant women with complications, will be a key priority. Additionally, efforts to reduce and mitigate the impacts of gender-based violence will be made by strengthening access to legal, medical, psychosocial, and emergency shelter services. UNFPA Egypt will continue to strengthen community-based protection and community-led activities to address GBV, along with developing governmental capacities to respond and provide refugee-friendly services.



749

PEOPLE REACHED WITH
SRH SERVICES

2,730

PEOPLE REACHED WITH
GBV PROGRAMMING

WORKING TO SUPPORT OTHERS OVER THE PAST FEW YEARS HAS TRULY ENRICHED MY SKILLS AND EXPERTISE, AS WELL AS ABILITY TO ADAPT TO THE PANDEMIC.

– SAFAA, a case worker at a UNFPA-supported safe space

The Importance of Innovative Solutions during a Health Crisis

Since 2017, Safaa —a 34-year-old Syrian mother of two — has been a case worker at a UNFPA-supported safe space. Since then, she was trained on the fundamentals and technical aspects of case management and took several in-depth courses on the many forms of gender-based violence facing women and girls.

Safaa did not stop at the experience and success she achieved. Instead, she continued her journey towards expanding her knowledge and expertise, becoming a certified consultant as well as gaining a psychological counseling certificate. Additionally, Safaa created content for awareness sessions that address self-care and helped the attendees practice the insights provided.

COVID-19 has brought unprecedented changes worldwide, particularly for case workers, who now shoulder multifaceted challenges as they continue to provide support to survivors of GBV. During the pandemic, cases of intimate partner and other forms of violence spiked, which called upon case workers to find innovative solutions to adapt. Safaa led a survey to help GBV actors understand the needs and to facilitate the design of online sessions for those in need.

Safaa is now well-positioned to provide the needed support through remote media, uncovering new ways to communicate with those in need and offer life-saving psychosocial support, all the while ensuring that the quality of service delivery is maintained.

Upon reflecting on her journey, Safaa noted that "working to support others over the past few years has truly enriched my skills and expertise, as well as my ability to adapt to the pandemic. This has allowed us to maintain our services amidst the restrictions, which would not have happened if not for my own experiences at [this safe space]."

COORDINATION UPDATES

UNFPA CONTINUES TO LEAD THE GBV AREA OF RESPONSIBILITY, ENSURING THAT MINIMUM STANDARDS ARE IN PLACE TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE IN EMERGENCIES.

To ensure good coordination when emergencies occur, the Inter-Agency Standing Committee (IASC) has introduced the Cluster Approach. Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action such as water, health, and logistics. In contexts where the IASC Cluster Approach has been activated, UNFPA is mandated to co-lead the GBV Area of Responsibility (GBV AoR), a part of the Global Protection Cluster, which is led by UNHCR.

As lead, UNFPA is accountable for working closely with national authorities, partners, and communities to ensure that minimum standards are in place to prevent and respond to gender-based violence in emergencies. In non-clustered and refugee contexts, UNFPA is co-leading with UNHCR.

Through its Damascus-based operation, UNFPA is the main lead, while in its Turkey Cross-Border operation UNFPA co-leads with Global Communities. In the refugee response in Turkey and Iraq, UNFPA co-leads with the Government of Turkey and International Medical Corps (IMC), respectively. In Jordan and Lebanon, UNFPA co-leads the refugee GBV response with UNHCR.

As of March, the Regional Syria Hub is leading on the development of a knowledge product on gender transformative approaches in safe spaces, particularly in humanitarian countries in the Arab region. This is being developed in partnership with the Whole of Syria hubs in both Damascus and Gaziantep, both of whom are directly leading data collection through focus groups. A key objective of this publication is to better understand how norms influence the participation of women and girls in empowerment activities in safe spaces, their selection of a particular activity or vocational training and, more broadly, their desires, aspirations, and agency towards greater empowerment.

Meanwhile, March marked the 10th year anniversary of the Syrian crisis and the Hub worked on communication and advocacy products to mark the anniversary. The Hub and the Whole of Syria GBV AoR coordinated the preparations for the Brussels V Conference on Supporting the Future of Syria and the Region, which included organizing a side event on CVA in partnership with WFP and UNICEF. The Whole of Syria GBV AoR also contributed to the [Needs and Response Summary](#) document that was produced by OCHA ahead of the conference and to the development of Advocacy points for the protection sector and AoRs.

Lastly, the Whole of Syria GBV AoR updated the [2020 WoS GBV dashboard](#), covering the period January to December 2020 based on 4Ws reporting of GBV actors at the Whole of Syria level. The GBV AoR also worked towards applying the needed changes to the 2021 GBV 4Ws template, mostly to better include Cash and Voucher assistance in the framework of case management (or referrals to the same effect) among the services included in the definition of GBV case management.

In Turkey, during the March meeting of the National Protection Working Group, the priorities, foreseen activities, and the group work plan was endorsed and the 2021-2022 3RP Turkey Country chapter was rolled out. The observations from the field shared by participants highlighted that (1) refugees are increasingly engaged in informal employment, where they work in jobs without social security, (2) there is an increase in child protection and GBV cases, (3) 5% of refugees (namely the unregistered refugees) who fulfil the vaccination criteria lack information on available vaccines and how to get an online appointment.

UNFPA Turkey also provided updated information about the PSEA Network which operates at the Ankara level, including information on new projects and activities. In addition, updates on the 3RP, Brussels, and the latest rapid protection needs assessment report were provided by relevant sector members. The PSEA Network Meeting (operational at Ankara level), co-chaired by UNFPA, in turn explored opportunities of extending the national PSEA Network and the country level and linking its activities with counterparts in the Southeast Turkey Region. Lastly, the National SRH Working Group Meeting was relaunched in March after a break of several months.

In Jordan, members of the GBV Working Group endorsed the [GBV WG Work plan](#) for 2021, outlining expected outputs and activities on key areas of coordination including supporting service delivery, informing strategic decision making, Planning and implementing cluster strategies and funding appeals, Monitoring and evaluation, Building national capacity and preparedness, Supporting advocacy in addition to cross sector collaboration. Meanwhile, members also discussed COVID-19 vaccination and implications for gender-based violence, which included an outline of key messages to decision maker. Following the meeting, it was agreed that a task force will be created to lead on this.

In Egypt, within the context of the GBV Sub-Working Group that UNFPA currently co-chairs along with UNHCR, the National Council for Women was invited to attend and discuss service inclusion of refugees and migrants. The Head of the National Complaints Office along with the Medical Expert in the GBV Unit attended the meeting to present the national existing services for women subjected to violence, especially services accessible to refugees and migrants: the complaints office legal services and the "Safe Women" GBV clinics operated through UNFPA. GBV SWG members exchanged practices and agreed to include these services in the referral pathway for refugees and migrants exposed to GBV. The SOP was modified accordingly, to reflect the clinics and agreed to raise awareness of their beneficiaries about them.

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IMPLEMENTING PARTNERS

In Syria: Ministry of Health (MoH), Ministry of Higher Education (MOHE), Syrian Arab Red Crescent (SARC), Syrian Family Planning Association (SFPA), Agha Khan Foundation, Masyaf Charitable Association, Al Bir and Social Welfare Hama, Al Bir Charitable and Sociable Qamishly, Pan Armenian Charity Association, Al-Ihsan Charity Association, Al Bir and Al-Ihsan Charitable Association in Ras Alain, Albatoul Charity for Humanitarian Services, Islamic Charity Association – Aoun for Relief and Developments (AOUN), Monastery of St. James the Mutilated (MSJM), Nour Foundation for Relief and Development, Syrian Commission for Family Affairs and Population, SCS, SEBC, OCHA / SHF, UNICEF, WFP, UNHCR, ILO, UNDP, UNHCR.

In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Amel Association, Al Mithaq, Akkarouna, ABAAD.

In Jordan: Institute for Family Health (IFH), Ministry of Health (MOH), Society Aid Health Jordanian (JHAS), Jordanian Women's Union (JWU), the National Council for Family Affairs (NCFA), National Women's Health Care Center (NWHCC), Youth Peer Education Network (YPEER), Questscope, International Rescue Committee (IRC), Royal Health Awareness Society (RHAS).

In Iraq: AL Massela, Harika, Zhian and Civil Development Organisation.

In Egypt: UNHCR, Ministry of Health and Population (MOHP), Ministry of Youth and Sports (MoYS), Etijah, Care International.

In Turkey: The Disaster and Emergency Management Presidency (AFAD) of the Prime Ministry of Turkey; Ministry of Foreign Affairs (MoFA); Ministry of Health (MoH); Ministry of Labour, Social Services and Family; ASAM (Association for Solidarity with Asylum Seekers and Migrants); KAMER (Women's Centre Foundation); Osmangazi University; Harran University; YAHA (Youth Approaches to Health Association); PYD (Positive Life Association); Red Umbrella; Bilgi University.

Turkey Cross-Border: Syria Relief and Development (SRD), Syrian American Medical Society (SAMS), Syrian Expatriate Medical Association (SEMA), Ihsan for Relief and Development (IhsanRD), Shafak, and their sub-implementing partners Masrrat (Ihsan), Maram (SAMS), Women's Support Association (SEMA) and Hope Revival Organization (HRO) (SEMA).



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